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Improving Health in Scotland | THE CHALLENGE

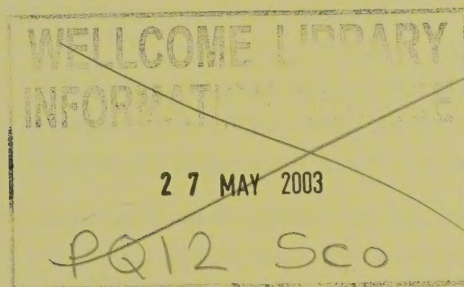
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Improving Health in Scotland | THE CHALLENGE



INTRODUCTION

WHY – THE CHALLENGE?

There is both a need and the opportunity to boost the health (physical, social and mental) of the people of Scotland – something that is fundamental to the happiness and prosperity of individuals, families, communities and the whole country. Scotland faces a tougher challenge to improve health than most other countries in the Western world. The Scottish Executive, the Health Department, NHSScotland and a much wider group of stakeholders are all important to the delivery of health improvement. Part of this challenge is to ensure that Health Improvement is achieved with clarity of purpose, shared aims and commitment across Scottish life, and with leadership which instils vision and the confidence to change – and to improve.

Other countries have already succeeded.

- Japan achieved a relatively rapid improvement in life expectancy through the 1960s, passing other countries like England and Wales in the process.
- Finland achieved a relatively rapid reduction in the lives lost to heart disease, particularly in the late 1980s, passing Scotland in the process.

There is every reason to believe that Scotland can achieve similar success.

WHAT IS THE CHALLENGE?

It is true that Scotland has a poor health record. It is also true that many aspects of health have improved: there are fewer premature deaths from heart disease and cancer and overall life expectancy has risen across Scotland. The next challenge is to build on that success and to accelerate the rate of improvement:

- to improve the health of all the people in Scotland; and
- to narrow the opportunity gap and improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap.

The issues for Scotland are similar to those facing many developed countries; a gap between the health and economic expectations of different elements of our society, an increase in sedentary behaviours, an increased consumption of what is commonly referred to as ‘junk’ food, and an increasing burden of mental ill health. Scotland has an opportunity to set its own direction. To use the many mechanisms to develop a healthy, inclusive society in Scotland and to enable the country and its people to be successful, healthy, active and with good mental health. One person in four will suffer from mental ill health at some time in their life (WHO 2002). Promoting positive mental health and taking action to prevent mental ill health are therefore essential components of all health improvement work.

This paper sets out a framework for action in the form of a Challenge. It includes work on all the determinants of health. However, for the first phase, our focus will be on 5 of the top 10 key risk factors affecting health and 4 specific areas.

Risk Factors

tobacco
alcohol
low fruit and vegetable intake
physical activity levels
obesity

Areas

early years
teenage transition
workplace
communities

WHERE DO WE WANT TO GET TO?

We want to move towards a position where everyone in Scotland enjoys the very best of health, on a par with the best in Europe. Our aim is to accelerate the rate of change therefore, more rapidly achieving health improvement. Increasing life expectancy and healthy life expectancy, because the quality of life in terms of freedom from debilitating ill health, can be as important as the duration of life.

HOW CAN WE GET THERE?

Health improvement has traditionally been seen as the role and task of Director of Public Health and Health Promotion Departments in the NHS. However, the task of improving Scotland’s health record, across all sectors of Scottish life, requires consistent, senior level leadership (both national and local).

- All departments across the Scottish Executive
- The Cabinet
- Chief Executives and Senior Management from across the NHS, local government, voluntary and private sectors

Progress has already been made. Many organisations and individuals across Scotland are already making great efforts to build on that progress, efforts that recognise the need to focus on the key determinants of health: life circumstances, lifestyles and specific health topics, with an overarching aim of decreasing health inequalities. But progress needs to be faster. We need a clear, consistent, robust and focused effort in some key areas if we are to achieve the change we seek. To support this we are proposing a programme of work to put health improvement initiatives into the mainstream of action and onto everyone's agenda, build upon existing programmes, develop a nation-wide effort and a special focus on four areas of **early years**, the **teenage transition**, the **workplace** and **community**.

PURPOSE OF THIS DOCUMENT

This document provides a strategic framework to support the processes required to deliver a more rapid rate of health improvement in Scotland and highlights further actions to improve the health of the people of Scotland. It builds on the foundation of *Towards a Healthier Scotland*¹ and should be seen as the first in a series. This current document is aimed primarily at the period to mid 2004, at which point a second phase of the framework will be published.

¹ *Towards a Healthier Scotland*. Scottish Office, 1999

There are three main objectives.

1

To set out the work programme of:

- the Scottish Executive's actions to improve health
- the strengthened Special Health Board formed by the integration of the Public Health Institute of Scotland (PHIS) with the Health Education Board for Scotland (HEBS)
- health improvement activities within NHS Boards.

2

To relate work programmes and processes across Scotland that are central to health improvement including:

- health improvement as a cross-cutting policy for the whole Programme for Government
- Community Planning Partnerships
- the health improvement work of COSLA and local authorities
- the impact on health that arises from the work of the business sector, voluntary sector and other strands of Scottish life.

3

To encourage the many organisations and individuals within Scotland who contribute to health improvement and to allow them the opportunity to influence future work and phases of this long-term plan for change.

THE CONTEXT

SCOTLAND'S HEALTH CHALLENGE

Our health as individuals, and as a nation, is a complex interaction of many different factors. Personal choices and behaviour (smoking, diet, alcohol-consumption, physical activity), the environment in which we live (housing, air quality, workplace, etc.), the social environment and access to resources (poverty/wealth), education, employment, all inter-relate and impact on our health and well-being. The relative impact of these factors varies at different times in our lives. There is also increasing evidence that (not just in Scotland, but across the world) mental ill health is increasing and disproportionately affects the more disadvantaged groups in our communities. Raising our awareness and understanding of mental health coupled with action to promote good mental health and prevent mental health problems will be essential components of our approach to improving health in Scotland. If Scotland aspires to be a **'healthy living'** nation, good physical health and good mental health both matter.

The 'Challenge' we confront can be summarised as follows:

- Scotland has poor health by UK and European standards
- Scotland has high levels of inequality in health outcomes for different socio economic groups (for example – in terms of life expectancy, rates of Coronary Heart Disease)
- Poverty in the broader sense is a central feature of the problem
- There are strong cultural influences on health that have to be confronted
- Health improvement requires change; by both society and individuals
- History demonstrates that societies and people can adapt to meet new threats and challenges.

Scotland's health (e.g. life expectancy) has improved in recent decades, however, so have other nations in Western Europe many to a greater extent. Differences in life expectancy at birth demonstrate the extent of the challenge that remains. Scotland lags behind comparable countries such as Sweden and Denmark and also suffers in comparison to other parts of the UK including industrial regions like the North East of England.

THE NEED FOR A CHANGE

Projected trends suggest that the situation is unlikely to improve unless we act now to achieve a more rapid rate of health improvement in Scotland.

To achieve a more rapid rate of health improvement in Scotland we need to:

- Inspire, enable, encourage and challenge the nation to achieve that vision
- Implement policies that will transform elements of Scottish life to make a real difference to individuals' expectations of good health
- Select a few key objectives (e.g. reduce fat, particularly saturated fat consumption, increase physical activity) and deliver these effectively
- Encourage the national best practice of professionals especially in multi-agency settings to achieve their full potential
- Release the inner resources of individuals and communities by building social capital, and improve the infrastructure of communities to make rapid progress.

The Vision for Scotland in 2020

A thriving Scotland with appropriate working, housing and living conditions, less smoking, healthier eating, more activity in daily life and less binge drinking, producing an improvement in quality of peoples' lives, enhanced well-being and increased life expectancy for all men and women, fewer early deaths from heart disease, diabetes and cancer.

Individuals and organisations taking more individual and corporate responsibility, with more people living their lives in good health both physically and mentally.

All Scotland's children have a positive expectation of appropriate housing, education, community and family life with the aim of maturing into positive, confident and productive citizenship.

THE HEALTH IMPROVEMENT CHALLENGE

Our approach to health improvement must be relevant to people's daily lives, wide-ranging and all embracing. Individuals, families, groups, communities and organisations across the public, private and voluntary sectors all have distinct and critical roles to play. Actions in relation to both life circumstances and lifestyles will be required.

The responsibility for achieving improved health cannot lie solely in the hands of any one agent – Government, professional groups, organisations or individuals. For example, we will have to improve the physical environment of our most deprived areas. We will have to recognise problems of social isolation, stress and fear of crime. We will have to tackle key choices like smoking and the rising problem of obesity. Scotland will have to examine its approach to alcohol as never before. The people of Scotland will need to make healthy choices in all aspects of their lives and to feel that they are supported in making these choices.

Much of this document concentrates upon the role played by the Scottish Executive and its key partners. The Scottish Executive with its partners has a vital role to lead strategic changes in Scotland that will help to bring about a healthier society. Four examples will illustrate this.

1. Actions that impact on child health and well-being will result in better health that will last into adult life.
2. If children's lives, including the experience of transition from primary school through the first few years of secondary school and onto higher education or employment, could be transformed in such a way that all pupils are engaged in a spectrum of positive, life-enhancing activities, it would have a profound effect on teenage smoking, mental health, drug use, pregnancy and alcohol consumption.
3. The prosperity and the health/well-being of future generations depend to a very great extent on the health of our working-age population. By helping working-age people to live healthy and fulfilled lives, we can improve the well-being of the whole nation.
4. Statutory and voluntary processes will be used to develop a sense of community responsibility, engaging people in taking responsibility and a sense of pride in their communities.

This plan outlines the ways through which we can provide real leadership as we work together to meet the health improvement challenge. However, it is only by showing individuals that realistic, achievable changes in their own actions can bring both immediate and long-term benefit to them, their families and Scotland that we will succeed in improving health.

MEETING THE CHALLENGE – A FRAMEWORK FOR ACTION

THE OVERVIEW

The Executive has a clear and well-established commitment through *Towards a Healthier Scotland*,¹ *Building a Better Scotland*² and *Our National Health: A plan for action, a plan for change*³ to improving health and shifting the emphasis away from ill health to one that focuses much more on prevention and health improvement. As part of that commitment, and aligned with the Executive's strategies for promoting social justice and closing the opportunity gap, there is a particular focus on tackling health inequalities as the 'overarching aim' of the health improvement agenda. The commitment to improving health, integrated with the pursuit of social justice, includes the need to bridge the opportunity gap for all equally, regardless of age, gender, sexual orientation, geographical or economic position, ethnicity, disability or faith.

The tools available to the Executive to help improve health are as follows:

- Cabinet's leadership to ensure that health and well-being is part of the daily life of all Scottish Executive departments.
- Policy making – almost all the Executive's policies influence the determinants of health.
- Improving the physical environment – using national and local level interventions to safeguard and improve the physical environment.
- Improving the social environment – working towards a social environment which minimises crime and other threats while promoting trust and mutual support.
- Strengthening individuals – developing the confidence, resilience and capacity of individuals and families to make choices that support health while also making healthier choices the easier choices.
- Reorienting services – delivering services that empower individuals and communities and promote health.

¹ *Building a Better Scotland*, Scottish Executive, 2002

³ *Our National Health: A plan for action, a plan for change*, Scottish Executive, 2000

Action 1

Create a new Directorate of Health Improvement within the Scottish Executive.

This action has already taken place and a Director of Health Improvement appointed to lead this new Directorate. Whilst the Directorate is within the Health Department, a cross-cutting approach will be established resulting in work across boundaries, linking the different agendas that impact on health.

Action 2

Scottish Executive to champion the commitments described in this paper with visible leadership and clarity to deliver the change in Scotland's health record.

Action 3

Local and national communications rationalised and combined under an overarching national communications framework by summer 2003.

Some single-issue advertising and communications campaigns have proved to be extremely successful. However, these individual messages can be clearer, more consistent and reinforced if they are seen to be an integral part of a co-ordinated health improvement communications programme. This will be achieved by:

- establishing a Scottish Executive co-ordinating group to plan, develop and ensure the delivery of health improvement communications activity (spring 2003)
- agreeing a detailed communications plan in support of the health improvement activities across the Executive (summer 2003)
- developing the evidence base necessary to underpin successful social marketing activities
- drawing on the established expertise of NHS Health Scotland (the merged HEBS/PHIS organisation), the Scottish Executive, COSLA and local/single issue communication specialists
- the creation of a 'healthy living' brand, agreeing implementation and delivery mechanisms and a visual identity system as part of the communications plan
- identifying and assessing successful communication campaigns on related areas and in other countries
- co-ordinating media planning and research activities
- integrating national advertising campaigns with other forms of local and national communication.

Objective for Health Improvement

By 2010-12, improve life expectancy and 'Healthy Life Expectancy' for all men and women living in all areas of Scotland. Also reduce inequalities between the most affluent and most deprived groups.

By 2020-22, further improve life expectancy and 'Healthy Life Expectancy' of men and women living in all areas of Scotland. Also further reduce inequalities between the most affluent and most deprived groups.

In 1980-82 the average life expectancy for men in affluent areas was 71.5 compared with 66.2 years in deprived areas. In 1999-01 the figures were 76.7 and 68.9 respectively.

In 1980-82 the average life expectancy for women in affluent areas was 77.0 years compared with 72.7 in deprived areas. In 1999-01 the figures were 80.7 and 75.9 respectively.⁴

Whilst the target to improve health is expressed as life expectancy, the indicators to measure success will include a wide variety of indices and will relate action by the Health, Development and Education departments in partnership with other sectors. School attainment, for example, is as important to health as an increase in

young people being active. See Annex B for an illustration of the indicators and targets within Health Department plans.

The Scottish Executive is leading:

- a working group to establish a target for reducing health inequalities supported by a number of indicators; to be published by spring 2003 (see Annex A)
- work to examine the application of healthy life expectancy indicators to support life expectancy; report due autumn 2003.

Action 4

Create a national focus for health improvement by bringing together the Health Education Board for Scotland and the Public Health Institute for Scotland by April 2003 to create NHS Health Scotland.

⁴ Based on abridged life tables from the Analytical Services Division of Scottish Executive Health Department

The integration of the existing organisations will build on the strengths of the Health Education Board for Scotland (HEBS) and the Public Health Institute for Scotland (PHIS). The integrated organisation will:

- deliver health improvement programmes to a wide variety of audiences and stakeholders working to improve Scotland's health
- employ knowledge about health and its determinants in a way that will influence policy and practice to improve health within Scotland
- play a key role in the successful implementation of programmes of health improvement.

The work of NHS Health Scotland will include the following functions:

- working in partnership with the NHS, local government structures, the community and voluntary sectors, academic sector, business sector and other relevant groupings to further the aims and objectives of the health improvement challenge
- leading and developing programmes, including multimedia communications activity, to deliver support for the health improvement challenge
- assembling, disseminating and explaining the evidence base for Scotland's health improvement strategy
- further developing methods for the application of integrated public health data to inform health improvement interventions at national and local levels

- playing a central role in the delivery of the Health Improvement Challenge by fulfilling a wide range of implementation roles
- co-ordinating the evaluation of the Health Improvement Challenge
- developing the capacity of the public health workforce and the wider workforce to deliver Scotland's health improvement activities
- reviewing published information on innovations, insights and evidence that will lead to enhancement in future approaches to health improvement.

Action 5

To ensure Health Improvement is 'mainstreamed' by active inclusion of Health Improvement in public sector plans and organisations by autumn 2003.

The Scottish Executive programmes for government, the community planning process and joint health improvement plans, together with NHS Board local health plans are all key levels of policy and decision making. By ensuring that public sector plans demonstrate an integrated approach to action and policies involved in health improvement, health improvement will become a mainstream rather than a separate entity.

The Executive will use an integrated policy impact assessment tool currently in development to analyse plans, and will link the analysis into the management processes of the Performance Assessment Framework within the NHS and the Community Planning Partnership processes.

Action 6

Create and maintain networks to drive health improvement activity by August 2003.

The Health Improvement Directorate, the wider Scottish Executive and the new NHS Health Scotland, will work with NHS Boards and other NHS bodies, the academic community, local authorities and the voluntary sector to build upon existing processes and develop effective networks of people who contribute to Scotland’s health improvement activities. NHS Health Scotland will agree with the Executive an action plan for further development of learning networks building on and learning from work underway by August 2003.

A NEW FOCUSED APPROACH TO HEALTH IMPROVEMENT INITIATIVES

Improved health will require all the different policy strands, and the different action programmes for improving health, lifestyles and life circumstances to be linked and, where possible, integrated.

Improved health also requires linkages with different elements of health service provision, local authority provision and the different policy arenas of education, social justice, environment, employment and sport. In addition, the programmes whilst all trying to improve Scotland's health must also try to close the gap between least and most affluent communities.

We know that, by supporting people at critical times in their lives and working to ensure groups of people believe that health improvement is within everyone's grasp, we can make a difference for ourselves, our families, those in our care or in our neighbourhoods. It means we can all improve health prospects, both now and in all stages of our lives.

To support this new focus and enable closer linkages and partnership working for health improvement, four major themes will be used. They will focus health improvement initiatives, build upon existing programmes and also allow greater input from others. These four themes are **Early Years**, the **teenage transition**, the **workplace** and **community-led**.

THEME 1 – THE EARLY YEARS:
CREATE AN INTEGRATED PROGRAMME
OF HEALTH IMPROVEMENT IN THE
EARLY YEARS

Action 7

Early Years

The Executive will consult on an integrated strategy for the Early Years by spring 2003.

There is clear evidence that health throughout life is powerfully influenced by experiences in early childhood, and indeed from the time of conception (when the health of the parents is important). We also know that people often want help to solve their problems, where they have choices, remain in control and they do not understand the gaps in services. Health, local authority and voluntary sector services need to join up to provide seamless and responsive support to families to ensure the best possible start in life.

The Executive supports a range of work with families and children with the aim of improving children's physical and mental health; children's social and emotional development; children's ability to learn; and strengthening families and communities. This includes support through mainstream services (such as health visitors, learning disability services, speech and language therapy, physiotherapy, occupational therapy and pre-school provision); more targeted approaches (such as the health improvement demonstration project Starting Well, and Sure Start Scotland); and both universal and targeted childcare. NHS Health Scotland is establishing

an Early Years National Learning Network to bring together and disseminate evidence and information about what works and examples of promising practice (including learning from the Starting Well demonstration project), and to support wider implementation of lessons learned. The Homelessness Taskforce in its final report, also recognised the specific needs of homeless children.

The Executive has made a commitment to defeat child poverty, a commitment shared with the UK Government. Household income is one way of measuring child poverty, but the Executive also understands child poverty in a wider sense, focusing on closing the opportunity gap and giving all children the best start in life, as well as providing appropriate and integrated services for children, in health and education and housing.

In order to secure a significant and measurable improvement in young children's health, it will be important to set out an agreed set of common goals and outcomes from this range of activity. That is what a new integrated strategy for the Early Years will be designed to achieve.

An integrated strategy for Early Years will include an enhanced focus on the following health improvement actions:

- developing confident, competent, well informed and supported parents who feel secure in their role
- well-nourished, well-balanced and healthy children, who are well prepared to benefit from education
- pregnant women – reducing exposure to tobacco, alcohol and other drugs
- increasing the proportion of mothers breastfeeding, focusing on disadvantaged groups
- improving a childhood diet and oral health
- improving family circumstances, coping abilities and family mental health
- encouraging higher levels of physical activity
- reducing accidents inside and outwith the home
- promoting resilience in children and young people.

The integrated Early Years strategy will cover areas such as: increased focus on support for healthy pregnancies through primary care, family planning and maternity services; childcare provision, health visiting support for infancy and pre-school children; better integrated working between health and local authority family support services in the Early Years; and importantly, support for parenting.

Action 8

Early Years

The Executive will develop proposals for evaluation – including a baseline study of existing Early Years provision by December 2004.

It will be important to be able to measure the impact of the new integrated Early Years strategy on children and their families. We will need to track carefully the extent to which we are succeeding in delivering a change in young children's health (as well as improving outcomes in the related areas of their social and emotional development and ability to learn). The Executive will commission an outcome-focused, integrated – evaluation of the existing range of Early Years policies. This will provide base-line data against which to measure progress made under the health improvement challenge plan and related initiatives. It will also provide support to NHS Boards, local authorities and voluntary organisations in identifying measurable outcomes and targets for support to young children and their families.

Action 9

Early Years

NHS Boards, NHSScotland, local authorities, voluntary organisations individually and in Community Planning Partnerships will be expected to have clear plans of action for their areas reflecting the integrated Early Years strategy. This should be backed, where appropriate, by measurable targets.

Action 10

Early Years

Ensure that the processes, action and approaches to Early Years reach the most vulnerable families and children.

Since 1999, the Executive has been investing in supporting children through a combination of universal provision and more targeted support for vulnerable and deprived children. Universal services, such as those provided through the NHS, are delivered to all children. There are also targeted interventions such as Sure Start Scotland, support through Social Inclusion Partnerships, and childcare support in deprived areas and for lone parents to support them into further and higher education. The Executive will monitor the plans of NHS Boards and local authorities to ensure that they are reaching those who are most at risk and in need of support. This will be built into the evaluation process at actions 8 and 9 above.

Action 11

Early Years

The Scottish Executive supported by NHS Health Scotland, will work with NHSScotland, Community Planning Partnerships, local authorities, voluntary organisations and other stakeholders to implement the new integrated Early Years strategy.

**THEME 2 – TEENAGE TRANSITION:
A PROGRAMME TO SUPPORT YOUNG
PEOPLE AS THEY MOVE FROM
CHILDHOOD TO ADULTHOOD
(THE TEENAGE TRANSITION)**

The years from the early stages of secondary school education and adolescence to adulthood are a time of great change and a time when young people are subject to major external influences. Our intention is to create a set of circumstances where young people feel supported to the extent that they fulfil their potential, maintain self-esteem and avoid a wide range of health-damaging behaviours and other hazards. This approach will incorporate specific strands dealing with issues like smoking, drugs, sexual health, alcohol, mental health and well-being, diet and physical activity but will do much more than the sum of these individual component parts.

Schools, in partnership with the home and community, can make a difference to the health behaviours of young people.

The Standards in Scotland's Schools Act 2000 places a duty on education authorities to ensure that school education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential. The five **National Priorities in Education** have been approved by the Scottish Parliament. They address: achievement and attainment; framework for learning; inclusion and equality; values and citizenship; and learning for life.

The Scottish Health Promoting Schools Unit has been set up as a partnership initiative involving HEBS, LTSScotland, COSLA and the Scottish Executive. The Unit will have a national leadership role championing, facilitating and supporting the implementation of the health promoting school concept throughout Scotland. Within health promoting schools, not only is health education integral to the curriculum but the school ethos, policies, services, extra-curricular activities and partnerships foster mental, physical and social well-being and healthy development. The concept is central to the New Community Schools initiative.

New Community Schools have the twin aims of raising attainment and improving social inclusion. A key element of this is the delivery of integrated services for pupils and their families. The health input to the initiative is crucial.

We are conscious that further approaches will be required in areas outside the school environment for this particular age group (for example the Young Scot and Youth Dialogue projects) and further action will be identified.

Action 12 Teenage Transition

The New Community Schools approach will be rolled-out to all schools in Scotland by 2007. All schools will become Health Promoting Schools by 2007.

The aim is to ensure that each young person develops personal skills, emotional intelligence and a high level of educational attainment. At the same time they need to be given the skills and the support to negotiate issues like sexuality and coping with potentially addictive substances, and are to be encouraged towards a lifestyle that optimises their physical and mental well-being. This programme proposes:

- encouragement and enabling of young people to undertake regular physical activity and to eat a healthy diet
- promotion of resilience and good mental health in children and young people
- reduction in the levels of regretted first sexual experience, abusive relationships, sexually transmitted disease, teenage pregnancy and early parenting
- reduction in young people's use of tobacco, alcohol and drugs.

This approach will be taken forward through:

- the roll-out of the New Community School and Health Promoting School programme to all schools by 2007
- redesign of school nursing to young people in New Community Schools but also for children with special educational needs and vulnerable children
- a national strategy for sexual health to include application of emerging lessons learned from Healthy Respect in sexual health and wider aspects of young people's general health

- responding to the Scottish Needs Assessment Programme review of child and adolescent mental health (to be published in 2003) assisted by the child health support group
- integrated community-based information, advice and support services on all aspects of physical, sexual and emotional health for younger people.

This will require the Scottish Executive to:

- implement the new Scottish Framework for Nursing in Schools, refocusing the service on identified needs and priorities
- ensure further training and development of school nursing staff to meet this new challenge
- undertake work to examine the role of organisations including schools, in supporting the emotional, physical and mental well-being of children and young people.

Action 13 Teenage Transition

The Scottish Executive will redesign and implement a new approach to school nursing by 2004 to ensure health improvement activity is part of the workforce programme.

While schools are a key focus for influencing experience during the teenage transition it is by no means the only one. The community environment is as important and this is addressed elsewhere in the Challenge. In addition, home environment is also important and work is proposed to examine advice and support for children and their parents/family environment.

Action 14 Teenage Transition

Learn from the experiences of ‘Walk the Talk’ and plan for its wider implementation throughout Scotland by summer 2004.

‘Walk the Talk’ is a programme that supports the development of appropriate and accessible primary care services for young people with the aim of influencing lifestyle issues such as smoking, alcohol misuse, diet and exercise and providing a sensitive environment in which sexual health issues can be explored. The third and final phase of Walk the Talk will ensure that the lessons learnt from the project become part of mainstream practice. The following elements will be central to this:

- incorporating an understanding and awareness of the needs of young people into the education of health professionals
- developing national and local networks of health, community education and voluntary workers to support local service development and the sharing of best practice

- developing a toolkit of resources to support the involvement of young people in developing accessible services that meet their needs.

Action 15

Teenage Transition

The Scottish Executive, led by SEHD and supported by NHS Health Scotland, NHSScotland, Community Planning Partnerships, local authorities and other stakeholders will develop a programme of work to drive the step change agenda which supports Actions 13 to 14 in terms of reviewing the evidence, providing key elements of implementation and contributing to evaluation.

THEME 3 – THE WORKPLACE

The workplace setting is a major opportunity for health improvement. This plan for health improvement seeks to ensure that individuals maintain healthy lifestyles throughout adult life, are not made ill by their work, have access to programmes and services aimed at maximising their functional capacity and are able to continue to be economically active, enjoy good physical and mental health and remain independent for longer.

Action 16

The Workplace

A short-life working group representing departments and stakeholders will be established by March 2003. The working group will bring together the existing strands of work dealing with health in the workplace to promote a new and effective set of interventions which will promote healthier workplaces and influence the health of working age people.

Scotland's economic performance currently lags behind the best international standards. With an ageing population projected for the coming decades, improved business growth and performance will depend in part on our ability to improve the health of the workforce, and to maintain and increase employment rates. The promotion of good mental health in the workplace is vital and includes: support of job retention for people who develop mental health problems at work; ways of securing more and better employment opportunities for people with mental health problems or experience of

mental health problems. Some key linkages are set out in *The Way Forward – Framework for Economic Development in Scotland* (June 2000):

- Working-age people suffer from high levels of heart disease, cancer, diabetes and respiratory disease such that, if we were able to make an impact on these diseases, it would go a long way to addressing the relatively poor life expectancy in Scotland compared with the rest of the UK and Europe
- the workplace is an ideal setting not just for interventions that protect the workforce from hazards but to prevent ill health and promote good health
- occupational health services and employer organisations have a key role in supporting these interventions and providing clinical assessment and care. However, occupational health services are unequally provided throughout Scottish workplaces
- our infrastructure for rehabilitation, job retention and helping people return to work is less well developed than in many comparable countries. Occupational therapists, physiotherapists and employers can play a leading role in these services.

In the past, health in the workplace was primarily focused on preventing accidents and injuries. This remains important with continuing progress being maintained through UK health and safety legislation and the work of the Health and Safety Executive. More recently, progress has been made in other areas. For example, the Working Time Directive empowers

employees to decline to work excessive hours, thereby protecting their physical and mental health.

Scotland is in the vanguard of occupational health policy development within the UK and already has a number of complementary programmes in place, though these are not as yet well integrated. For example:

- *Towards a Safer Healthier Workplace: Occupational Health and Safety Services for the staff of the NHS in Scotland* (December 1999)
- the development of a national occupational health service for Small and Medium-sized Enterprises (SMEs)
- Scotland's Health at Work (SHAW) programme, Health Promoting Hospitals, Schools and Prisons
- existing policies on breastfeeding and returning to work, adult literacy and numeracy and domestic abuse.

Other mechanisms will also be included via:

- support for managers, personnel departments, unions and others who can influence workplace policies that impact on health including mental health and well-being
- the legislative and organisational mechanisms that protect health and safety at work (e.g. the Health and Safety Executive health and safety legislation)

- the primary care system and other aspects of the National Health Service that deal with diseases caused by an individual's occupation or work environment
- NHSScotland and other public sector employers will support the work on health improvement for their own staff.

- near to comprehensive enablement of companies to develop their expertise in health improvement policies as an ongoing programme of work
- encouragement and support for employers to develop occupational health strategies and services as an ongoing programme of work.

Action 17

The Workplace

The Health Improvement Directorate and Public Health Division of the Scottish Executive Health Department to co-ordinate the work programme. The development of an integrated programme of action for 'Healthy Working Lives', by October 2003 (responsibility for the different components e.g. primary care, HEBS, SHAW, occupational health, etc. will stay within existing organisations).

The objectives will include:

- the implementation of Towards a Safer Healthier Workplace for the NHS staff
- the development of the national occupational service for SMEs (from early 2003)
- the extension of participation in SHAW to cover 40% of the Scottish workforce within 5 years
- engagement of an additional 300 SMEs in the SHAW programme by 2004

Action 18

The Workplace

Scottish Executive, NHS Boards and local authorities are major employers within Scotland. Both sets of organisations will be approached by spring 2003 to discuss how their joint health improvement plans will describe their role as employers and the contribution to health improvement.

Action 19

The Workplace

By July 2003 specific targets will be identified for all aspects of the above detailing targets for numbers of workplaces influences and key changes achieved by the short life working group.

THEME 4 – COMMUNITY-LED – SUPPORTING AND DEVELOPING HEALTHY COMMUNITIES

The communities we live in can have a considerable influence on our health and there is widespread recognition of the inequalities that exist between the health of the worst off and the health of the better off within Scotland's communities. Our approach will build on work already initiated that:

- seeks to encourage, support and enable individuals and communities to take shared responsibility for their own health and to work together to bring about improvements. Programmes such as *Health issues in the Community*⁵ are key to empowering the public and enabling people to become more involved in community issues
- seeks to support action to address poverty, lack of physical activity and leisure facilities, poor housing and other factors that contribute to inequality.

There is a strong national commitment to engaging with and involving people and communities in all aspects of health (physical, social and mental) and health care, including health improvement. It is very important that this commitment is not lost in the complexity of organisational partnership working and that people and communities are involved and have a role in shaping the action and delivering change. Ideally, we wish to empower and support communities to be involved in developing initiatives and solutions.

Action 20

Community-Led

By mid-2004 Community Planning Partnerships as the overarching framework, together with each local NHS Board area will have agreed processes with their local authority partners to ensure that the health improving potential of community plans, Social Inclusion Partnerships, healthy living centres and other community-based initiatives are optimised.

The Executive has a multi-faceted strategy to improve health, well-being and economic productivity within communities. This strategy embraces all communities in Scotland but is particularly targeted to deprived communities. Therefore, work on this programme focuses upon Social Inclusion Partnerships, Community Planning, healthy living centres and much more. Much is already being done in this area. Historically, NHS Boards have applied resources from their planning department, public health departments and health promotion departments to partnership working in communities. More recently, jointly funded (NHS and local government) health improvement posts have been established in each local authority. Moreover, public health practitioners are employed in each (Local Healthcare Co-operative) LHCC. These posts aim to improve joint working at a local level and can already demonstrate significant success in moving local planning nearer to the communities they serve.

⁵ Health Issues in the Community a training initiative. HEBS/CHEX/University Edinburgh; May 2002

Community Planning Partnerships can improve life circumstances for local people through establishing shared priorities for local communities and ensuring an integrated approach to addressing them. Housing, transport, employment, recreational facilities and a wide range of public services all have an impact on the health and well-being of communities. By taking a broad multiagency view of a community we will make an impact to improve their life circumstances. Community Planning will take place at a variety of local, regional and national levels. Health improvement may, at any one time, involve one NHS Board in a number of different Community Planning Partnerships. However, the Community Planning process gives a strong opportunity to include views from the community receiving the service together with those providing the service.

In the Health Reform White Paper, we propose that NHS Boards and local authorities should work together to develop local proposals aimed at bringing together local agencies with a focus on improving the health and well-being of the community, through the Community Planning process and the development of integrated sustainable local services to address community needs. Community Planning Partnerships in different ways in different areas, provide the mechanism to improve the health and well-being of communities in ways that are identified and appropriate for that area/community.

Action 21

Community-Led

COSLA, SOLACE and NHS Health Scotland will by July 2003 have begun a programme of work to achieve the following:

- lead the actions, assess, develop and disseminate the evidence-base for how Community Planning can maximise its impact on the determinants of health to deliver the health improvement agenda

- introduce programmes to support the development of staff who have been jointly appointed by NHS Boards and local authorities and more senior staff with lead responsibilities for health improvement partnerships

- within the context of Community Planning Partnerships support for the development of capacity and ways to promote community involvement and empowerment to deliver health improvement

- specific support for the public/communities who are involved in Community Planning Partnerships to articulate their needs to improve the delivery of services.

Action 22

Community-Led

Voluntary Health Scotland (working with Community Health Exchange) will be requested to begin, by July 2003, a parallel process of analysis and action to identify how best community-based organisations and the voluntary sector can contribute to health improvement through community-based action.

It is important that the Executive follows through with action to improve life circumstances in communities by continuing tackling low income and poverty. For example, action to reduce the proportion of unemployed, working-age people and the proportion of working-age people on low incomes will have an important impact on health.

Healthy practices remain important in the transition from education to employment, onwards into middle life responsibilities and throughout older age.

Action 23

Community-Led

NHS Health Scotland, local authorities, working with a wide range of groups including CHEX and the Community Diet Project, should identify and pursue action to enable communities to identify, learn, develop and implement health improvement issues that are important to communities.

LHCCs, given their role in Primary Care, are key organisations to respond to broad-based community-led health improvement initiatives.

Action 24

Community-Led

A plan will be developed to ensure there is a shared, accessible and relevant information system in order to identify and respond to community health and wider well-being needs by summer 2003.

The Scottish Executive Statistical Services will lead a programme to ensure all data collected, as well as being robust, are comparable and relevant to different organisations and will take account of the PHIS data sharing project.

Action 25

Community-Led

The current workforce (public health, health promotion, NHS, local government, etc.) must develop the capacity and approach health improvement in a holistic fashion. Central specialist input should only be retained where it provides added value.

- Social inclusion and better mental health/well-being may develop through work in a range of projects including rehabilitation of older people, support of people with learning disabilities by occupational therapists, speech therapists in a wide range of community settings
- Scottish Executive will host a meeting in spring 2003 to discuss the issue of developing workforce capacity in health improvement and public health workforce involving a multi-agency approach.

SPECIAL FOCUS PROGRAMMES



healthy**living**

PHYSICAL ACTIVITY

Action 26

Follow-up on the launch of the Ministerial response and the Scottish Executive commitment to the Physical Activity Taskforce consultation that took place in February 2003.

Continuing with defined elements of Physical Activity Taskforce strategy to make Scotland more active. This work is based upon the draft report of the Physical Activity Task Force, which reported in June 2002. The challenge is clear. The ideal is that:

- every child accumulates at least 1 hour of quality physical activity per day
- every child has quality physical education and the opportunity to be active
- every adult accumulates 30 minutes of moderate physical activity (the equivalent of brisk walking) most days of the week
- in addition, each person over the age of 55 has a programme of strength and balance training that continues for the rest of their lives.

The evidence base and experience of implementing this type of strategy is relatively recent in developed industrialised countries. Yet Scotland, like all of these countries, faces an epidemic of obesity as well as continuing problems arising from heart disease, cancer, type 2 diabetes, musculo-skeletal problems and a range of other conditions which have low levels of physical activity as part of their underlying cause.

Scotland needs to take sustained action to achieve these longer-term aims. The actions that will be completed by March 2004 are:

- completion of the consultation process set up by the Physical Activity Task Force and the setting out of a clear action plan arising from this
- integration of Active Primary Schools, Class Moves, School Sport Co-ordinators and other more focused programmes into a comprehensive whole school approach to physical activity which, is also part of the target of making each school in Scotland a Health Promoting school by 2007
- the development of plans to create and disseminate the concept of active communities, active schools, active homes and active workplaces. However, there are substantial barriers to be overcome and this is expected to feature more strongly in the second phase of the programme.

The main challenge for this programme in the next year is to negotiate the key early steps in this revolution and the identification of effective methodology and goals for taking this agenda forward.



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HEALTHY EATING

Action 27

Implement the next phase of the Scottish Diet Action Plan to the extent that it has a measurable, incremental impact in Scotland each year to 2010.

The case for improving the Scottish diet has been made convincingly and has been operationalised through the Scottish Diet Action Plan (1996). In the next phase of implementation the key targets will be to reduce saturated fat consumption and to increase fruit and vegetable consumption. The key conceptual stages in the next phase of work will be to:

- increase the demand for healthy food
- supply that demand for healthy food
- provide support, education and skill development to allow people to act on this information to make healthy choices.

There is a well-worked-out strategic plan for the implementation of these goals under the following headings:

1. promote the consumption of healthy diet and food choices;
2. promote the preparation and provision of meals which offer a balanced diet;

3. increase access to healthier food choices, particularly in low income and rural areas;
4. work with the food manufacturing, processing and retailing industries to further develop healthier food choices; and
5. ensure that Agriculture and Fisheries interests contribute fully to the achievement of the Scottish dietary targets.

Action 28

Support the integrated programme, launched January 2003, of communication and public education, in the context of the wider health improvement agenda, to increase demand for, confidence in, and skills for, healthy eating.

The components of this piece of work comprise:

1. A multi-media, multi-component approach to communicating information, positive messages and skills about healthy eating. This will include TV advertising, radio advertising, programming, written materials, information line.
2. Multi-setting approach (including public sector workforce) to providing opportunities for, and access to, healthy food choices. This will concentrate on settings like schools, workplaces and communities.

- 3. Action will also be taken to ensure that individuals who now have a motivation and some skills to make healthier food choices have these choices available to them. Again, action will be focused on settings like schools, workplaces and communities.

As an example, nutritional standards have now been developed for school meals and these will be enforced and monitored by performance management systems for schools. Crucially, this initiative will be integrated into a whole school approach and create a supportive environment for healthier living (of which healthy eating is a part) in schools. Children will be provided with healthier food choices, supportive environments and information and support for healthy food choices.

Public information and skills development will only be successful if all sectors of Scottish society have access to healthier food choices in the context of their day-to-day lives. Therefore, work in communities (particularly those characterised by social exclusion) will be essential to support the overall strategy.

The Diet Action Plan is one of Scotland's best developed and most mature health improvement programmes. It brings together excellent evidence-base with actions directed towards communications, creating supportive environments and policy change. It is now being implemented on a scale and with sufficient energy to have the realistic prospect of seeing measurable improvements over the next 5 to 10 years.

Action 29

Measure food consumption between 2003 and 2010 to monitor progress towards the targets set out in the Scottish Diet Action Plan using the Scottish Health Survey.

SMOKING

Action 30

The Scottish Executive Health Improvement Directorate will review national tobacco control policy in conjunction with key interests early in 2003 and set out a new plan for action which builds upon the achievements to date.

The UK White Paper *Smoking Kills*, which was published in December 1998 and subsequently endorsed by the Scottish Executive, is being implemented in a Scottish context. The Health Improvement Directorate will take stock of progress and outline a plan for action that builds upon the established base of successful activity. Amongst other things, this plan will look to introduce:

- Annual, negotiated targets for each NHS Board for the number of individuals who give up smoking.
- Workplace programmes with clear targets for an expansion in the number of workplaces free from smoking.
- Further targets for an expansion in the proportion of public places in Scotland which are tobacco-smoke free, which are agreed with the signatories to the Scottish Voluntary Charter on Smoking in Public Places (British Hospitality Sector, Scottish Beer and Pub Association, Scottish Licensed Trade Association and Scottish Tourism Forum).

- Work with the key Scottish enforcement agencies to further improve enforcement of the law relating to the sale of tobacco to under 16s. This will complement the pilot test purchasing schemes which are scheduled to run from early 2003 through to 2004.

Action 31

The Scottish Executive to make subordinate legislation through the Scottish Parliament to complement the UK Tobacco Advertising and Promotion Bill.

The recently agreed UK Tobacco advertising and Promotion Bill received Royal Assent in early November 2002 and came into effect during February 2003. It includes a ban on press, billboard and internet advertising of tobacco products and the promotion of smoking through the free distribution of tobacco products, coupons and mailshots. Some of the regulation-making powers will fall to Scottish Ministers.



ALCOHOL

Action 32

To ensure the progressive implementation of the Plan for Action on Alcohol Problems launched by the Executive in January 2002.

The Executive's Plan for Action on Alcohol will continue to be driven forward. Key actions include:

- The development and publication by April 2003 of local action plans covering culture change, prevention and education, support and treatment services, protection and controls.
- Implementation of the agreed plans by Local Action Teams.
- The development of services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems. These are likely to include both specialist and mainstream services, which reflect the needs of individual clients and are integrated with other health and social care services.
- Continuing discussion with the UK Government around the use of the levers of price, and regulation of availability to influence alcohol-related problems in a positive way.

Action 33

To ensure that national and local alcohol plans reflect the findings of the independent review on liquor licensing law.

The independent Committee set up to review the Licensing (Scotland) Act 1976 is expected to report early in 2003. National and local plans for alcohol problems will need to take account of the outcome of the review.



MENTAL HEALTH AND WELL-BEING

Action 34

Establish by March 2003 a 3-year action plan for the National Programme to Improve Mental Health and Well-being of Scotland's Population.

The National Programme to Improve the Mental Health and Well-being of Scotland's Population is a key, integrated part of the Scottish Executive's health improvement and social justice strategies. The 3-year action plan will develop a set of actions and interventions to achieve specific outcomes across the key themes for health improvement. A key set of indicators will also be developed to help monitor progress and trends in improving mental health.

Action 35

Support the implementation of 'choose life', a National Strategy and Action Plan to Prevent Suicide in Scotland.

Currently over 600 people in Scotland commit suicide each year and Scotland has one of the highest rising rates of completed suicide in Western Europe. 'Choose life' a *National Strategy and Action Plan to Prevent Suicide in Scotland* aims to address the rising rate of suicide in Scotland and was launched in December 2002. The goal is to reduce the rate of suicide in Scotland by 20% by 2013. Seven objectives have been set for implementation at both national and local level and seven priority groups for action have been identified.

Action 36

Continue the development and implementation of 'See me', a national campaign to eliminate the stigma and discrimination that people with mental health problems face.

This national campaign was launched in October 2002 to tackle stigma and discrimination. The campaign will continue working towards eliminating stigma and discrimination over 2003-06 by a combination of local and national efforts.

Action 37

Provide support to ensure that health improvement activity across all four major themes and special focus programmes encompass the improvement of mental health and well-being as part of their core activities.

Mental health is a key component of the concept of health that informs this document. Positive mental health develops within the context of a good start in life, a healthy and physically active childhood, a positive adolescence and positive work, leisure and community relationships. Physical and mental health are indivisible and so the approach to positive mental health is seldom, if ever, free-standing. Our approach to mental health improvement needs to be integrated through all programmes set out in this document. In other words, the work of the National Programme will support, complement and add value to all areas of health improvement activity.

HEALTH AND HOMELESSNESS

Action 38

All NHS Boards have been required to produce and implement Health and Homelessness Action Plans outlining the activity planned at local level to meet the health and health care needs of homeless people by autumn 2003.

Homeless people are among the most excluded and disadvantaged in our communities. As a result the Scottish Executive has put in place a raft of measures, intended to change the face of homelessness over the next 10 years. Legislative change has already been taken forward, and the Homelessness etc. (Scotland) Bill currently going through Parliament will herald a new era of enhanced rights and opportunities for homeless people.

Homelessness is a complex issue and homeless people themselves are not a homogenous group. However it is clear that health and homelessness are inextricably linked; ill health is both a cause and effect of homelessness. In response to this, *Our National Health* committed to improving the health of homeless people, and reducing the barriers to care experienced by this group.

Health and Homelessness Action Plans for 2002-05 must deliver and include:

- A demonstrable knowledge base on homelessness within each NHS Board, evidenced by:
- The provision of a profile of homelessness within the Board area, using the definition outlined by the Homelessness Task Force.
- A comprehensive assessment of homeless people's health and health-care needs. Clear links must be established with Local Authorities' needs assessments under the Housing (Scotland) Act 2001.
- An understanding of the network of health care services within primary and secondary care currently supporting homeless people. Consideration must be given to what services are being used and which are not, together with their accessibility.
- An evaluation of the strengths, weaknesses and gaps in current provision, including a plan for addressing weaknesses and gaps.
- A plan for addressing service improvements together with an implementation programme. In so doing consideration must be given to the importance of continuity of care, including admission and discharge arrangements, to meet the needs of homeless people.
- Arrangements to ensure that action on homelessness is linked with the social inclusion strategies of partners in the statutory and voluntary sectors.

Action 39

Deliver, by April 2003, joint research with HEBS, looking at national and international examples of good practice in the delivery of health care to homeless people. The research findings will be applicable in a Scottish context and there will be some emphasis on meeting the needs of hidden homeless populations in rural and remote areas.

The research findings will be used to shape training programmes for NHSScotland staff involved in the care of homeless people. In so doing we can ensure that health workers are fully equipped to bring about the best outcomes for homeless people. We will also ensure that the spirit of the partnership approach of Action Plans translates into this training to promote holistic approaches to the delivery of health care.

SEXUAL HEALTH

Action 40

A sexual health strategy including approaches to reducing sexually transmitted infections, reducing unwanted early pregnancies and increasing a sense of 'healthy respect' for sexual matters in Scotland will be published for consultation by autumn 2003.

Sexual health is an important aspect of people's lives. In Scotland there is a high rate of teenage pregnancy and the incidence of sexually transmitted infections is beginning to show signs of increasing.

The Public Health Institute of Scotland is chairing a National Advisory Group on sexual health. A report for consultation will be published by autumn 2003.

A sexual health National Learning Network established by NHS Health Scotland will bring together and disseminate evidence and information about what works and examples of good practice and will include learning from Healthy Respect demonstration project.

SUPPORT FOR CHANGE

NATIONAL DEMONSTRATION PROJECTS

Three national demonstration projects dealing with the early years (Starting Well, Glasgow), heart disease (Have a Heart Paisley) and sexual health of young people (Healthy Respect, Lothian) are underway. They are acting as 'hot-beds' of activity and new ideas. As part of the process for securing a more rapid rate of health improvement, they will help to guide action that can be implemented nationally across Scotland, particularly through National Learning Networks. The National Learning Networks are being established by NHS Health Scotland to bring together and disseminate evidence and information about what works and examples of good practice, and will include learning from the demonstration projects. The national demonstration projects are being reviewed with the intention of moving to Phase 2 by autumn 2003.

Action 41

With the support of National Learning Networks, established by NHS Health Scotland, learn from the experiences to date of the Starting Well, Healthy Respect and Have a Heart Paisley demonstration projects.

Commission by October 2003 Phase 2 of the demonstration project programme, and support roll-out of lessons learned.

THE NHS

The National Health Service has two main functions: to improve health and to provide healthcare services. This Challenge is focused primarily on the NHS efforts to improve health. The NHS also improves health by providing the following services. For example:

- the optimal provision of a wide range of therapeutic and behavioural interventions to adults with established heart disease to decrease the risk of further coronary event
- the effective management of high blood pressure to prevent strokes
- the introduction of chronic disease management systems for diabetes and asthma to improve outcomes
- evidence-based approaches to screening, early detection and treatment of cancer to improve outcomes and decrease inequalities in outcomes
- review of obesity services by establishing a working group to report by end 2003
- a Centre for Change and Innovation for NHSScotland.

Action 42

NHS Health Scotland will consult and develop an approach to bringing together the evidence base for how health services can be used strategically to improve population health outcomes and this will be discussed with each Health Board area so that the findings can be implemented into local health improvement plans by autumn 2003.

Action to ensure the benefits of health improvement and interventions are brought equally to all parts of Scotland, and/or all patient groups that might benefit.

LOCAL AUTHORITIES

Local authorities have historically contributed to a broad 'public health' agenda and currently provide a wide range of services which are fundamental to the health and well-being of the communities they serve. These services not only contribute to the promotion of positive lifestyles but are actively addressing the life circumstances which can determine the health status of individuals and communities.

In accepting the challenge of improving the health of the people of Scotland local authorities are committed to developing as 'Health Improvement' organisations.

- Accepting Health Improvement as a core function/part of the corporate culture
- Developing policy which impact positively on health
- Ensuring service delivery support objectives within the Joint Health Improvement Plan
- Building capacity in local authorities to take forward the agenda
- Critically reviewing the impact of policy and practice
- Developing partnerships which bring added value to the Health Improvement effort

Local authorities will continue to audit their progress in developing as 'Health Improvement' organisations and ensure commitment to Health Improvement and Joint Health Improvement Planning through the Community Planning process.

Action 43

Strengthen and support organisations, outwith NHSScotland, to develop and deliver Health Improvement within the context of the Challenge.

- Involve local government, the voluntary sector and private sector in the thinking, development and delivery of strategy and policy for health improvement
- Support capacity building for health improvement in these sectors
- Recognise and embrace the diversity of knowledge and organisational culture with all sectors and settings

Action 44

A Healthy Scotland Convention, to take place in March 2003.

A national Healthy Scotland Convention will be used to disseminate and obtain feedback on the plan and to promote effective communication and discussion with the key stakeholders for health improvement across Scotland.

It will celebrate success and capture best practice, learning and experience in addition to providing the platform for inspiration and innovation in the work to achieve a step change to Scotland's health.

PROGRESS AND PARTNERSHIP

Performance Management processes will be used to ensure that NHSScotland (including NHS Health Scotland) gives health improvement a high priority in the planning and delivery of services.

The Health Improvement Directorate will also use the resources of NHS Health Scotland and other networks to help assess the health impact of a wide range of policies at Executive and local levels.

The introduction of Community Planning as the key framework for partnerships and initiatives at the regional, local and neighbourhood level will have a main theme around health. This provides a very significant opportunity for public services to work together differently but with a shared agenda. In addition, the Local Government Bill provides statutory underpinning for Community Planning and places a duty on partners, including NHS Boards, to participate in the process. In particular close working, effective communication and co-operation between health and local authorities is already taking place and remains a clear emphasis throughout this framework for action. With this in mind the Scottish Executive Health Department will continue to sponsor the Health Team within COSLA. In addition, Community Planning dovetails with the Joint Future Agenda which aims to improve delivery of community care services through better joint working between health, housing and social work.

The Health Improvement Division's relationship with organisations like COSLA, SOLACE, SCVO, Voluntary Health Scotland and many others will be on the basis of partnership. Nonetheless, it is hoped that the Health

Improvement Challenge will give clarity to that relationship and facilitate partnership working with the aim of delivering the outcomes set out in this document.

NHS Health Scotland will work with the Executive and other networks to create a mechanism for evaluating the health improvement challenge plan and to focus on key aspects of it that require more focused research.

Delivering the full range of actions identified within this framework will require a range of mechanisms as well as different organisations and individuals working together differently, often in new, or more focused, ways. Only by working together across departmental and organisational boundaries, across themes and special focus programmes, and with the involvement and partnership of the people of Scotland, will we achieve our goal of a step change in the health of the people of Scotland.

ANNEX A Recommended Indicators of Inequalities

Population Group	Indicator of Inequality
Children	<ol style="list-style-type: none"> 1. Smoking during pregnancy 2. Breastfeeding 3. Dental health of children 4. Low birthweight babies 5. Emergency admissions 6. Infant mortality
Young People¹	<ol style="list-style-type: none"> 7. Emergency admissions 8. Teenage pregnancies (females aged 13-15) 9. Teenage pregnancies (females aged 13-19) 10. Suicides among young people aged 10-24
Adults²	<ol style="list-style-type: none"> 11. Diet 12. Adult smoking 13. Self-reported general health 14. Self-reported limiting long-standing illness 15. Obesity 16. Mental health (GHQ12 scores) 17. All cause mortality rate among people under 75 18. Mortality rates from coronary heart disease among people under 75 19. Mortality rates from cancer among people under 75 20. Life expectancy at birth
Older People	<ol style="list-style-type: none"> 21. All cause mortality rate among people over 75 22. Mortality rates from coronary heart disease among people 75 and over 23. Mortality rates from cancer among people 75 and over

¹ The number of indicators that it has been possible to identify for young people is quite small. This is because morbidity and mortality are relatively uncommon in this age group.

² Unless otherwise stated, data for adults are for the age group 16-64 years.

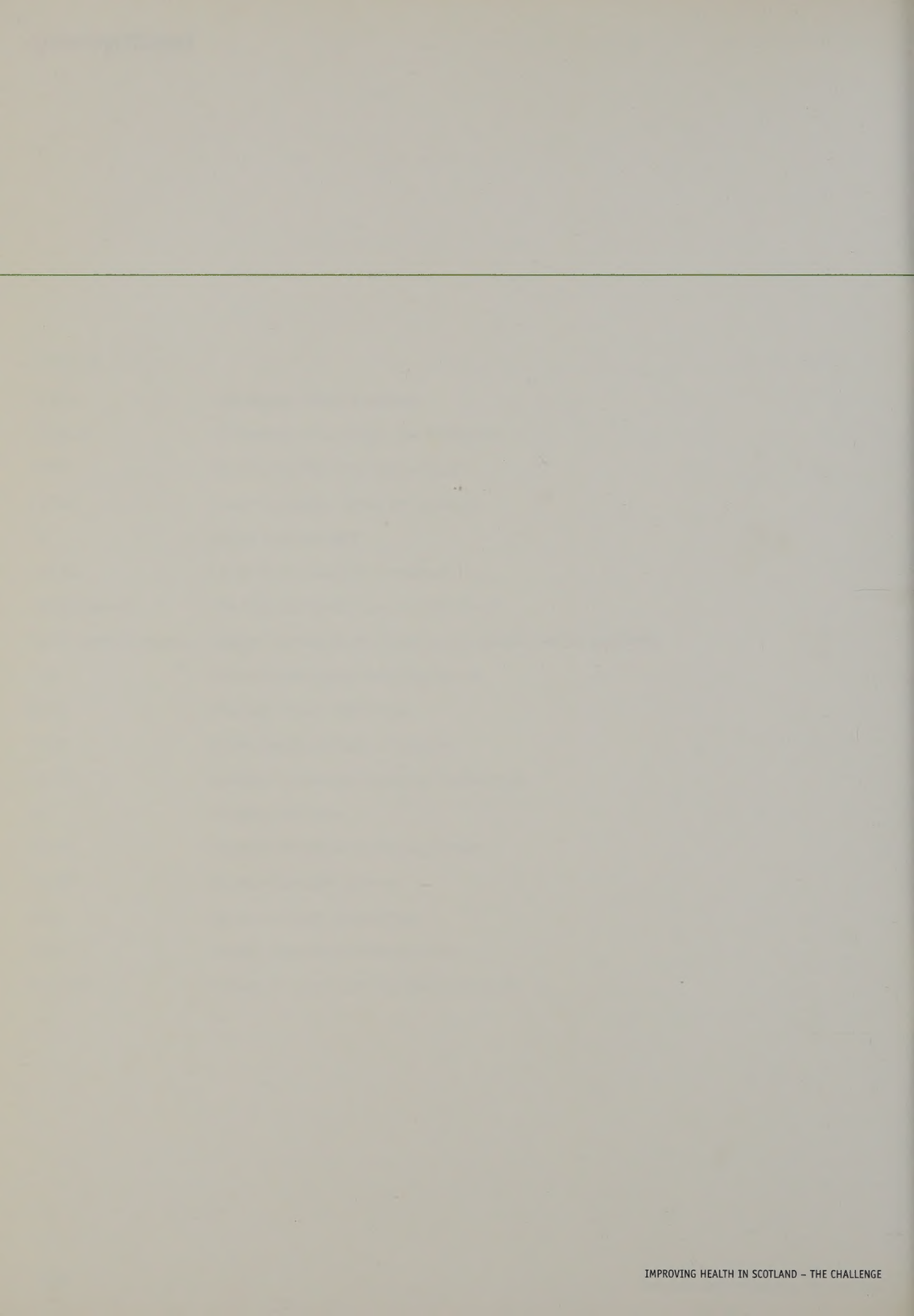
Inequalities will be measured as the ratio between the 20 per cent living in the most deprived postcode sectors and the 20 per cent living in the most affluent postcode sectors as determined by the Carstairs deprivation index. Further developments will be made to the measurement of inequalities as new information, for example deprivation measures, become available.

ANNEX B Health Portfolio Plan: Indicators and Targets

- a 50% reduction in death from coronary heart disease in people under 75 between 1995 and 2010
- a 20% reduction in death from cancer in people under 75 between 1995 and 2010
- a 50% reduction in deaths from cerebrovascular disease (stroke) in people under 75 between 1995 and 2010
- a reduction in smoking from 35% to 33% between 1995 and 2005 and to 31% by 2010
- a reduction in the incidence of adults exceeding weekly drinking limits for men from 33% to 31% between 1995 and 2005 and to 29% by 2010 and for women from 13% to 12% between 1995 and 2005 and to 11% by 2010

ANNEX C

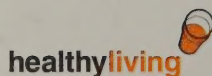
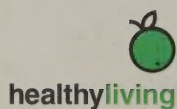
CHEX	Community Health Exchange
COSLA	Convention of Scottish Local Authorities
CPPs	Community Planning Partnerships
HEBS	Health Education Board for Scotland
HI	Health Improvement
LHCCs	Local Health Care Co-operatives
NHSScotland	The National Health Service in Scotland
NHS Health Scotland	Merged Special Health Board encompassing HEBS and PHIS
PAF	Performance Assessment Framework
PATF	Physical Activity Task Force
PHIS	Public Health Institute of Scotland
SCVO	Scottish Council for Voluntary Organisations
SE	Scottish Executive
SEHD	Scottish Executive Health Department
SHAW	Scotland's Health at Work
SIPs	Social Inclusion Partnerships
SME	Small & Medium-sized Enterprises
SOLACE	Society of Local Authority Chief Executives



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